

TEXAS STATE BOARD OF EXAMINERS OF MARRIAGE AND FAMILY THERAPISTS

P.O. Box 12197
Austin, TX 78711-2197
(512) 834-6658

APPLICATION PACKET

READ THE FOLLOWING CAREFULLY. THE PROCESSING OF THE APPLICATION WILL BE DELAYED IF NOT COMPLETE AND/OR ALL DOCUMENTS ARE NOT RECEIVED. PRINT OR TYPE ALL INFORMATION ON THE FORM. DO NOT USE PENCIL. ALL FORMS MUST HAVE ORIGINAL SIGNATURES.

For access to a complete version of the law governing the practice of marriage and family therapy, also called the Licensed Marriage and Family Therapy Act, see Texas Occupations Code (TOC), Chapter 502, and for a complete version of the rules governing the licensure and regulation of marriage and family therapists, see Title 22, Texas Administrative Code (TAC), Chapter 801. These are available on the board's website at: www.hhsc.state.tx.us/mft. Licensees are required to know, understand, and practice in accordance with all the laws, rules, and policies of the board.

How do I apply to take the National Licensing Examination?

Please submit the following documents to the board. An application that is not completed one year past the date the application opened is void. It is your responsibility to follow-up with the board if written notice of approval is not received within six weeks.

- ☐ Fees: \$47
- ☐ Application
- ☐ Certificate of Completion of MFT Jurisprudence Exam (taken within 6 months of application)
- ☐ Transcript or official Dean's Letter verifying current enrollment
- ☐ **Form I**, if you have a master's degree or doctorate degree program in a related mental health field with a planned course of study in marriage and family therapy as described in 801.113(d) and (e) with minimum course content as described in §801.114.
- ☐ **Form VII**, MFT Examination Security Info Acknowledgement Form
- ☐ Photo ID

Once application is approved, the board's staff will send a letter with information on how to sign up for the National Licensing Examination.

What do I do when I pass the national licensing examination?

The board receives the results of the examination 2-3 weeks after the last day of the examination period. At that time, board staff will review your application and send an "Upgrade Letter" that details all additional documentation the board needs to issue the LMFT-Associate or LMFT.

What happens if I do not pass the national licensing examination?

If you need to take the examination a **SECOND** time, the board staff will issue you another examination approval letter. If you need to take the examination a **THIRD** (or more) time, you must request in writing for approval. Typically, this means your application will be presented to the Licensing Standard's Committee at the next available meeting. Requests must be received by the board's office at least 30 days prior to a scheduled board meeting. However, due to time constraints, the application may be heard at a subsequent meeting.

What happens if I take the examination without board approval?

The board may decide to not accept the exam score.

How do I apply to become a Licensed Marriage and Family Therapist Associate?

After Passing Exam, Documents Required for Licensure as LMFT Associate:

- ☐ Fees: \$90
- ☐ Upgrade letter
- ☐ **Form III**, Board-Approved Supervisory Agreement Form(s) . The **Location** and **Supervisor** must be listed on each submitted Supervisory Agreement Form (SAF) to be board-approved.
- ☐ Board-Approved Supervisor's current renewal wallet card(s) attached to each submitted SAF.
- ☐ **Form VI**, Supervised Clinical Practicum Supervision & Experience Verification Form. Use this form to count up to 100 hours of supervision from a graduate program and/or use to account for 500 hours may be transferred from a COAMFTE accredited doctoral program
- ☐ Final transcript verifying completion of degree & graduation.

Once approved, the license will be issued. A wall certificate and two renewal cards will be mailed to the licensee's address. Additionally, the approved copy of the Supervisory Agreement Form will also be sent to the LMFT-Associate.

How do I apply to upgrade to a Licensed Marriage and Family Therapist?

- ☐ Upgrade Fee \$90
- ☐ Application
- ☐ Renewed LMFT- Associate at least once
- ☐ Certificate of Completion of MFT Jurisprudence Exam (must have been taken within 6 months of upgrade application)
- ☐ **Form VI**, Supervised Clinical Practicum Verification Form, if not previously submitted.
- ☐ **Form V**, Supervised Experience Documentation Form(s) for each board-approved Supervisory Agreement Plan on file with the board.

Note: If the licensee did not receive written notification of approval from the board, the supervised experience and supervision are not acceptable towards minimum requirements for licensure as an LMFT.

Once approved, the license will be issued. A wall certificate and two renewal cards will be mailed to the licensee's address.

How do I apply for a Licensed Marriage and Family Therapist if I have license in another state?

Licensure by endorsement is available for a person who is actively licensed as a Marriage and Family Therapist in another state or jurisdiction and is seeking licensure in Texas. You must meet the academic, supervised experience, and supervision requirements for licensure in Texas.

Documents needed if licensed in another jurisdiction for **more than** 5 years:

- ☐ Fees \$137
- ☐ Application
- ☐ Final transcript verifying completion of degree & graduation.
- ☐ Certificate of Completion of MFT Jurisprudence Exam (taken within 6 months of application)
- ☐ **Form I or official** verification of licensure in other jurisdiction
- ☐ Proof of passing the AMFTRB Exam or California licensing exam

Documents needed if licensed in another jurisdiction for **less than** 5 years:

- ☐ Fees \$137
- ☐ Application
- ☐ Final transcript verifying completion of degree & graduation.
- ☐ Certificate of Completion of MFT Jurisprudence Exam (taken within 6 months of application)
- ☐ **Form I or official** verification of licensure in other jurisdiction
- ☐ **Form V**, Supervised Experience Documentation Form documenting post graduate supervised experience
- ☐ Proof of passing the AMFTRB Exam or California licensing exam

***Note:** Often applicants from other states must complete additional coursework and supervised experience. The board may accept, deny, or grant partial credit for requirements completed in another jurisdiction.*

Once approved, the license will be issued. A wall certificate and two renewal cards will be mailed to the licensee's address.

How many supervision and practice experience is needed to be a LMFT?

Some of the minimum requirements for licensure as an LMFT include: (See 22 TAC §801.142)

1. At least **3,000 hours** of **board-approved, supervised** marriage and family therapy practice **experience**:
 - of which at least 1,500 hours must be **direct clinical services**, and of the 1,500 hours of direct clinical services, at least **750 hours** must be provided to couples or families;
 - of which the remaining 1,500 hours of the 3,000 hours may come from either direct clinical services or related experiences; and
 - of which no more than **500 hours** may be transferred from a COAMFTE accredited doctoral program.
2. At least **200 hours** of **supervision**:
 - of which at least 100 hours must be **individual** supervision;
 - of which no more than 100 hours may be transferred from the graduate program for supervision as a part of a **qualifying clinical practicum**; and
 - of which at least 50 hours of the **post-graduate** supervision must be **individual** supervision.

Form A**TEXAS STATE BOARD OF EXAMINERS OF MARRIAGE AND FAMILY THERAPISTS**

**P.O. Box 12197
Austin, TX 78711-2197
(512) 834-6658**

MAIL APPLICATION PACKET WITH FEE TO:
Texas State Board of Examiners of Marriage and Family Therapists
PO Box 12197
Austin, Texas 78711-2197

Budget/Fund #ZZ128/103

APPLICATION FOR LMFT or LMFT-Associate LICENSURE

Type or Print Legibly, Use N/A for not applicable

I am making application for the following license: LMFT-Associate:____ Upgrade to LMFT:____ Initial LMFT:____

PLEASE PRINT OR TYPE:

Applicant Name: _____ Date of Birth: ____-____-____

Print Last Name Print First Name M.I.

Name(s) on transcript(s) if different from applicant name: _____

Social Security #:_____-_____-_____- Resident of Texas: Yes____ No____

Home Address: _____

City: _____ State: _____ Zip: _____

Preferred Mailing Address: _____

Home Telephone :(____) _____-_____- Business Telephone :(____) _____-_____-

E-Mail Address: _____

Note: Your mailing address will appear on the TSBEMFT rosters (on website) and through on-line license verification, if blank home address will be used.

List all professional licenses or certifications that you have held within the last 10 years:

Professional License Held/Expiration Date	Issuing Board / State	License Number	Issue Date
Professional License Held/Expiration Date	Issuing Board / State	License Number	Issue Date
Professional License Held/Expiration Date	Issuing Board / State	License Number	Issue Date

EDUCATION (An original transcript verifying qualifying degree from an accredited institution must be sent to the TSBEMFT office.)

INSTITUTION	LOCATION	DATES ATTENDED	MAJOR	DEGREE(S)- DATE(S) CONFERRED (if applicable)	NAME ON TRANSCRIPT

JURISPRUDENCE EXAMINATION:

LMFT/LMFT-Associate Application

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_____ Date completed the Texas Jurisprudence exam. Certificate must be enclosed.
(MM/DD/YY)

BACKGROUND INFORMATION:

1. Have you ever been arrested, convicted, pled guilty, or pled nolo contendere to any misdemeanor or felony other than juvenile offenses or misdemeanor traffic violations other than a DWI/DUI (you must report a DWI/DUI)?..... Yes____ No____
2. Have you ever been found in violation of laws or rules pertaining to professional practice or settled such charges prior to a formal finding in an administrative proceeding? Yes____ No____
3. Have you ever had a judgment against you or settled prior to such a finding in a civil proceeding related to professional practice? Yes____ No____
4. Are allegations pending against you for any of the above?.....Yes____ No____
5. Have you had a professional license, certification, or credential denied, cancelled, probated, suspended, or revoked?..... Yes____ No____

Please note: Applicants must provide all information relating to criminal history, professional license complaint history and civil liability suit history. Discovery of any of these past circumstances not disclosed may result in denial of your license and disclosure of discovered information to other licensing boards. If you answered YES to any of the preceding questions, you must attach a detailed explanatory statement and a copy of all court orders related to the charges or other relevant documentation. Additional information may be requested.

CURRENT EMPLOYMENT INFORMATION:

Employer: _____ Position Title: _____

Mailing Address: _____

Employer Telephone No: (____) _____ - _____ Name of Supervisor: _____

Type of Practice: School____ Hospital____ Independent____ Government Agency____ Nonprofit____
Other (specify) _____

FEE REQUIRED: (Initial by the appropriate selection)

_____ I request consideration for a **new** license in the State of Texas as a **Licensed Marriage and Family Therapist Associate**. Enclosed is the **\$47** fee (\$40 application fee; \$5 OPP; \$2 Texas On-line). I understand that once I have passed the national licensing exam, I will have to submit an additional \$90 fee along with appropriate documents.

_____ I request an **upgrade of my LMFT Associate license to LMFT licensure**. Enclosed is the **\$90** fee (\$90 initial LMFT licensing fee). I understand that I must have met all minimum requirements for LMFT licensure for the board to approve this upgrade. I understand that initial LMFT licensure is valid for a period of 12-24 months, depending on my birth month, which creates the renewal cycle. I understand that all continuing education requirements for renewal are due by the LMFT license renewal date, regardless of the actual, initial licensure period.

_____ I request consideration for a **new** license in the State of Texas as a **Licensed Marriage and Family Therapist**. Enclosed is the **\$137** fee (\$40 application fee; \$90 initial license fee, \$5 OPP; \$2 Texas On-line). The board will not issue a license without receipt, processing, and verification of this additional fee. Initial licensure is valid for a period of 12-24 months, depending on my birth month, which creates the renewal cycle. I understand that all continuing education requirements for LMFT license renewal are due by the renewal date, regardless of the actual, initial licensure period.

AFFIDAVIT

I understand that any fees submitted to the board **are not refundable** under any circumstances. I understand the schedule of fees (22 TAC §801.18) and understand that, if licensure is obtained, additional fees must be paid to keep the license current, whether the license is active or inactive.

I agree to hold the Texas State Board of Examiners of Marriage and Family Therapists, its members, officers, agents, employees, and examiners free from any damage or claim for damage or complaint by reason of any action they or any one of them may take in connection with this application, the attendant examination, the grades with respect to any examination, and/or failure of the board to issue me a license. I hereby grant permission to the board to seek any information or references it deems fit in securing my credentials pertinent to this application.

I further agree that if issued a license, upon the revocation, suspension, or cancellation of that license, I shall return the license card(s) and certificate(s) to the board within 30 days or as otherwise specified by the board (if sooner).

I have read the Marriage and Family Therapist Act (TOC, Chapter 502) and the rules relating to the licensing and regulation of Marriage and Family Therapists (22 TAC, Chapter 801) and am familiar with the requirements of the Act and with the rules of the board. A copy of the Marriage and Family Therapy Practice Act and the board's rules may be accessed at the board's website: www.hhsc.state.tx.us/mft. Under penalties of perjury, I declare and affirm that the statements made in the application, including accompanying statements and transcripts, are true, complete and correct. I understand that giving the board false information of any kind may result in the voiding of this application and denial of licensure.

Signature of Applicant

Date